



Department of Public Safety
STATE FIRE MARSHAL'S OFFICE

52 State House Station
Augusta, ME 04333-0164

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APPLICATION FOR OUTDOOR FIREWORKS DISPLAY

APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION BELOW

NAME OF SPONSOR: _____ TEL: _____
MAILING ADDRESS: _____
TOWN: _____ ZIP: _____

COMPANY ISSUING LIABILITY INSURANCE: _____

(Signature and title of Sponsor)

1. Covering Storage: _____
(name) (Certificate #) (limits)
2. Covering Display: _____
(name) (Certificate #) (limits)

LICENSED TECHNICIAN INFORMATION

NAME OF LICENSED TECHNICIAN FOR DISPLAY: _____ LICENSE #: _____
TELEPHONE NUMBER: _____
MAILING ADDRESS: _____ ENDORSEMENTS: _____
TOWN: _____ ZIP: _____

DISPLAY SITE INFORMATION

TOWN: _____ COUNTY: _____
SPECIFIC LOCATION: _____
DIRECTIONS: _____

CONTACT PERSON WHO KNOWS WHERE THE FIRING POINT WILL BE: _____
TELEPHONE NUMBERS: _____

THE APPLICATION SHALL BE ACCOMPANIED BY AN ACCURATE AND DETAILED SITE DIAGRAM.
THE DIAGRAM SHALL CONTAIN THE FOLLOWING:

1. DIAGRAM OF THE DISCHARGE SITE.
2. DIAGRAM OF THE SPECTATOR VIEWING AREA.
3. DIAGRAM OF THE FALLOUT AREA.
4. DIAGRAM SHOWING ALL BUILDINGS IN THE AREA.
5. DIAGRAM SHALL ACCURATELY SHOW DISTANCES TO ALL AREAS INVOLVED.

DISPLAY INFORMATION

NAME OF PROPERTY OWNER: _____	SIGNATURE OF PROPERTY OWNER: _____
DATE OF DISPLAY: _____	RAIN DATE: _____ (ENTER SPECIFIC RAIN DATE:)
TIME OF DISPLAY: _____	THIS SHOW IS PRIVATE <input type="checkbox"/> PUBLIC <input type="checkbox"/>
CITY/TOWN: _____ COUNTY: _____	NAME AND ADDRESS OF PERSON FURNISHING DISPLAY: _____
LARGEST SHELL SIZE TO BE FIRED: _____	_____
NO. OF AERIAL SHELLS: _____	_____
NO. OF GROUND PIECES: _____	_____
NOTES IF ANY: _____	TELEPHONE: _____

↓ DEPARTMENT OF PUBLIC SAFETY USE ONLY ↓

APPLICATION REC'D:	SENT TO INSPECTOR:	APPROVED BY:	PERMIT # ISSUED:	CERTIFICATE #:	Date received by Inspector/Investigator: _____
\$141.00 FEE REC'D	DATE:	DATE:	DATE:	CHECKED BY:	OK TO ISSUE: <input type="checkbox"/> FAILED INSPECTION: <input type="checkbox"/>